



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number

2. Committee Name

Taxpayers to Elect Aaron J. Goetsch

5. Committee's Mailing Address

P.O. Box 313  
Washington, MI 48094

Area Code and Phone (586) 212-4434

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

Area Code and Phone

3. This Statement covers From: 05/29/08 to 07/25/08

4. Candidate Last Name First Name M.I.  
Goetsch Aaron J.

4a. Office Sought Including District # or Community Served (if applicable)

County Commissioner, District 12

4b. County of Residence Macomb

6. Treasurer's Name & Residential Address

Aaron J. Goetsch  
6536 Shetland Ct.  
Shelby Twp., MI 48316

Area Code & Phone (586) 212-4434

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/05/08

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper

Aaron J. Goetsch

Type or Print Name

Signature

Date

07/25/08

Candidate

Aaron J. Goetsch

Type or Print Name

Signature

Date

07/25/08



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138173

2. Committee Name

TAXPAYERS TO ELECT ARON J. GOETZCH

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>575.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>575.00</u>	(20.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>575.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ _____	(21.) \$ _____
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1923.33</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1923.33</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1348.33</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>575.00</u>	
	(15.) = \$ <u>575.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>1923.33</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>- \$ 1348.33</u>	



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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138173

2. Committee Name

TAXPAYERS TO ELECT AARON J. GOETSCH

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1

PAC Receipt? ☐ YES

4. Date of Receipt

~~07/25/08~~ 07/01/08

Name &amp; Address:

MIKE + MARLENE SESSA  
59559 RIVERSIDE BAY CT.  
HARRISON TWP. MI #

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation ~~07/25/08~~ Employer

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

07/20/08

Name &amp; Address

DALE GOETSCH  
P.O. Box 3758  
BAY PINES, FL 33744

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #3

PAC Receipt? ☒ YES

4. Date of Receipt

07/01/08

Name &amp; Address:

MCAR PAC  
720 N. WASHINGTON AVE.  
LANSING, MI 48901-7925

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

Name &amp; Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

Page Subtotal

\$575.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$575.00

Enter this total on  
line 3a of Summary  
Page.



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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138173

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO DR.</u> <u>MACOMB, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>060908</u> Date	<u>\$ 376.30</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>TARGET</u> Address <u>26 MILE CO.</u> <u>SHELBY TWP. MI 48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>070108</u> Date	<u>\$ 7.76</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <u>EMPIRE SIGNS</u> Address <u>51450 SCHENCK RD.</u> <u>SHELBY TWP, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>070108</u> Date	<u>\$ 434.60</u> Click Here for Memo Itemization Type
<b>Expenditure #4</b> Name <u>MANHATTAN MAILERS</u> Address <u>51132 MILANO DR.</u> <u>MACOMB, MI 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>071508</u> Date	<u>\$ 1063.17</u> Click Here for Memo Itemization Type
<b>Expenditure #5</b> Name <u>POSTMASTER</u> Address <u>WASHINGTON TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>071508</u> Date	<u>\$ 12.00</u> Click Here for Memo Itemization Type

Subtotal this page

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

#1923.33

Enter this total  
on line 8a of  
Summary Page



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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

138173

2. Committee Name

TAXPAYERS TO ELECT ARON J. GOERSCH

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:  ARON J. GOERSCH 6536 SHETLAND CT. SHELBY TWP MI 48316	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>YAEITS</u> 6. <u>Original Amount of Debt:</u> \$ <u>1923.33</u>	060908 \$ 376.30 070108 \$ 77.76 070108 \$ 434.60 071508 \$ 1063.71 071508 \$ 42.00	\$ <u>575.4</u>	\$ <u>1923.33</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:  <del>ARON J. GOERSCH</del> <del>6536 SHETLAND CT.</del> <del>SHELBY TWP MI 48316</del>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

1348.33

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page 1 of 1